

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011441

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____

Primary Registration District No. 141

Registrar's No. 3025

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN West Plains

Length of stay in 1b
4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Howell

c. CITY OR TOWN Willow Springs

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Rt. #2

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
DORA ANNA SELLENS

4. DATE OF DEATH
Month Day Year
March 30, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
1/31/85

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months Days Hours Min.
1 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Snobby Mills, Ind.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Heim

13b. MOTHER'S MAIDEN NAME

Mary Phister

14. NAME OF HUSBAND OR WIFE

Alvin Sellens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Elsie Wake, Willow Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

acute Lymphatic Leukemia

INTERVAL BETWEEN ONSET AND DEATH
4 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-20-63 to 3/30/63 and last saw her alive on 3-30-63
Death occurred at 5:22 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. P. Callahan M.D.

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/2/63

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

(State)

24. FUNERAL DIRECTOR

Burns - Willow Springs, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-5-63

26. REGISTRAR'S SIGNATURE

Beatrice Cook.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION


BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. R. Burns 

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.